PTO/SB/22 (12-04) Approved for use through 7/31/2006. OMB 0651-0031

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nd to a collection	of information unless	s if displays a	valid OME	3 control r	number

Under the Perwork Reduction Act of 1995, no persons are required to a Route Time Under 37 C	Docket Number (Optional)						
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 200	29498/30003						
	Filed	lulu 24, 2004					
Application Number 09/918,905		riled	July 31, 2001				
For ONE-WAY TENSIONING MECHANISM FOR CORDLESS BLIND							
Art Unit 3634		Examiner [Blair M. Johnson				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check to	ime period desi	red and enter the app	propriate fee below):				
	<u>Fee</u>	Small Entity Fee					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
x Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00				
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.27.							
x A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attact	ched.						
The Director has already been authorized to char	rge fees in this a	application to a Depo	sit Account.				
	_						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 . I have enclosed a duplicate copy of this sheet.							
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent of record. Registration Number							
x attorney or agent under 37 CFR	1.34.						
Registration number if acting under	37 CFR 1.34	41,605	· ·				
Scott & Bajula	le	Januar	y 11, 2005				
Signature	Date						
Scott E. Baxendale		(312) 474-6300					
Typed or printed name	Telepho	ne Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitted.			<u></u>				

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 11, 2005

Signature:

(Scott E. Baxendale)

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